

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

53 3010 115-62-005798

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Zalma	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Osteopathi6 Hosp.		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Francis Gilliland		4. DATE OF DEATH Month Day Year March 2, 1962	
5. SEX male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/04
9. AGE (last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Laborer	
11. BIRTHPLACE (City and state or country) Olin Mattison Corp. Bollinger Co. Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Warren Gilliland		13b. MOTHER'S MAIDEN NAME Mary Fullbright	
14. NAME OF HUSBAND OR WIFE Bertha Abernathy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ruby Grindstaff, Cottage Hill, Mo. Mrs. Hazel Fletcher, St. Louis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) POST SURGICAL PROSTATECTOMY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2-15-62 to 3-2-62 and last saw him alive on 3-2-62 Death occurred at 6:48 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Henry J. Gonca D.O. (Degree or title)	
22b. ADDRESS 213 South Sprigg St. Cape Girardeau, Missouri		22c. DATE SIGNED 3-2-62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-62	
23c. NAME OF CEMETERY OR CREMATORY Berrong Cemetery		23d. LOCATION (City, town, or county) Bollinger Co., Mo.	
24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo.		25. DATE RECD. BY LOCAL REG. 3-8-1962	
26. REGISTRAR'S SIGNATURE James Kanten			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. H. Morgan

Licensed Embalmer No. *4640*

P. O. Address *Adrian, Mich.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.